

committee of arrangements headed by Dr. Bell will plan what form the memorial will take, depending upon the amount of money contributed.

Postgraduate Resident Training at Franklin Hospital.—Franklin Hospital of San Francisco announces that the Council on Medical Education and Hospitals of the American Medical Association has extended its approval to the Franklin Hospital for postgraduate resident training in internal medicine. The American Board of Internal Medicine has concurred in this action. Thus, Franklin Hospital is now approved for postgraduate training in general surgery, orthopedic surgery, neurological surgery, urology and internal medicine.

Bibliography of Industrial Hygiene.—The U. S. Public Health Service has recently brought off the press *Public Health Bulletin* No. 289, "Bibliography of Industrial Hygiene" to cover the years 1900-1943. The brochure is a selected list compiled by representatives of the Industrial Hygiene Division of the Bureau of State Services. Copies may be obtained at 20c per copy, from the Superintendent of Documents, U. S. Government Printing Office, Washington 25, D. C.

Change in Medicines with Passing Years.—The tremendous changes in drugs over the past 35 years are recalled in the *Journal of the American Medical Association*. Selections made by a group of professors of medicine put penicillin, the sulfonamides and anti-biotics as the most important remedies developed since 1910. Other important remedies developed in that period include whole blood, blood plasma and blood derivatives; quinacrine (Atabrine); ether and other anesthetics; digitalis; arsphenamines; immunizing agents and specific antitoxins and vaccines; insulin and liver extract, other hormones and vitamins.

The ten most important drugs used in 1910 were listed by the *A.M.A. Journal* as: ether, morphine, digitalis, diphtheria antitoxin, smallpox vaccine, iron, quinine, iodine, alcohol and mercury.

Prizes for "A Plan for Improving Hospital Treatment of Psychiatric Patients."—The Modern Hospital Publishing Company, 919 North Michigan Avenue, Chicago (11), announces three prizes (first prize, \$500; second prize, \$350; third prize, \$150) for an essay on the subject, "A Plan for Improving Hospital Treatment of Psychiatric Patients." All essays should be addressed to the Modern Hospital Publishing Company prior to October 1st. Circulars of information concerning the competition may be obtained by writing to the editor of that publication.

Surgeons Told of New Serum.—Results of research work being carried on in this country and in Russia on a new serum to improve the health standard generally by stimulating the protective functions of the body were described on April 6 by Dr. Reuben Straus, Los Angeles pathologist, at the annual meeting of the Southern California Chapter, American College of Surgeons.

The serum, identified as "ACS," has been under investigation in Russia since 1924 and in clinical use there since 1937 but Dr. Straus said that in this country "our experimental work is far from complete and it would be unfair to make a statement of any sort now." He promised, however, a full report on the serum "when the evidence from our experiments is completed."

Anesthesia Discussed

More than 200 Southland surgeons assembled for the all-day sessions at the Los Angeles County Medical Association Building. The morning session featured a panel discussion of anesthesia, with Dr. Donald G. Tollefson, president of the chapter, presiding. Dr. Harold L. Thompson presided at the afternoon session, at which a number of papers on various surgical problems were presented.

At the dinner meeting, Dr. George Miller of Chicago, director of educational activities for the American College of Surgeons, told of plans to assist in providing postgraduate training for young doctors who have been in military service.

Press Clippings.—Some news items from the daily press on matters related to medical practice follow:

Just Plain Stupid: On Intern Training

The science department of *Time Magazine* recently published graphs illustrating a precipitous drop in the last few years in the number of Ph.D.'s granted by United States universities in four basic sciences. They were termed startling signposts on the road to "scientific bankruptcy." They reflect the shortsighted manpower policy of our government, the effects of which are already being felt seriously in the medical profession. The training of doctors has been reduced dangerously.

An unquestioned authority commenting on the inadequacy of present internship, states that: "Many institutions, in their desire to accede to the wishes of the Army and Navy, have arranged their internships so that an experience of no more than two or three months in surgery is obtained. According to the regulations, two-thirds of all the male interns—approximately 4,000—every nine months will enter active military service with, at the most, no more than a few months' experience in surgery. It is these eager but inadequately trained young officers who will serve at battalion aid stations, where the wounded are first brought and where expert surgical judgment is often needed."

No nation, if it wishes to lead the way toward a better civilization, can afford to neglect the sciences as we now are doing.—Editorial in *Campbell Press*, March 8.

They're the Country's Doctors

Standard Oil of California placed the following advertisement in the *San Francisco News* of April 23:

Take "Dr. A" of Okanogan. Last year he had a heart attack—a mean one. For anybody else his orders would be "Take it easy!" So he is working a 24-hour day and a 365-day year—and supervising a hospital besides.

Take "Dr. X" of Winthrop and "Dr. Y" of Brewster. They're pressing 80. Yet any "3 a.m." may find them wrestling pneumonia, racing the stork or watching a child's bedside—as they did in the horse-and-buggy days.

Thus, in wartime, the medical men of the West's smaller communities carry on as did the doctors of pioneer days—doing a marvelous best-they-can with what they've got.

We call them country doctors—as the most honorable of terms in the language. For—even though they practice with modern methods in modern towns—goodness gracious what a lot of country they cover!

Okanogan County is 5,295 square miles of Washington. Of the doctors left, just four have the football physique needed to absorb the punishment they're taking. And—oh, yes!—adjacent Ferry County no longer has a doctor. These four—and their selfless associates like Drs. "A," "X" and "Y"—must keep an eye on Ferry County, too.

We take Okanogan County because our branch manager, who seems to know everybody, suggested it. Any other nonurban county in a dozen western states can duplicate its heart-warming story.

Doctors have traditionally been known as hard workers. They've always taken care of everybody but themselves. So what we say won't change anything. But it's a satisfaction to recall, of every country doctor, something said by another. "Well done," it runs, "thou good and faithful servant."

Drug Discoveries

The medical profession was recently polled to determine what it considers the ten most important remedial agents now in use.

Such a poll was conducted in 1910. It is amazing to compare its results with the 1945 list.

Only three of the drugs considered most valuable 35 years ago are still rated highly. They are ether for anesthesia, digitalis for heart disease, and quinine.

The latter, cut off when the Japanese overran the source of supply, has been largely replaced by atabrine, discovered in 1932. War in the tropics has made it so important that the U. S. Surgeon General has declared we could not operate there without antimalarial remedies.

Penicillin and sulfa drugs quite naturally lead the 1945 list. The former was first discovered in 1929 by Dr. Alexander Fleming. The sulfas were discovered as early as 1908, but their value was not recognized until the late 30's.

Both sulfa and atabrine are derived from lowly coal tar.

Use of whole blood and plasma is considered the second most valuable recent discovery. The principle was first discovered in 1871, but it was not until 1935 that the technique for its use was perfected. It has saved hundreds of thousands of soldiers' lives.

Other highly rated modern drugs are new ones useful in treatment of venereal disease, new anti-toxins and vaccines, insulin and liver extract, hormones and vitamins.

An interesting commentary on research progress is the fact that four drugs favored in 1910 were iron, iodine, alcohol and mercury.

One other miracle drug developed for use during the war is DDT, the insect killer. It also was discovered and rediscovered, first in 1874 and then in 1939. While it is not a remedial preparation it may prove to be a great future boon to mankind as a disease preventive.—*Sacramento Union*, March 31.

Medical School

Certificates of Completion, Curriculum in Physical Therapy, were awarded to: *Fort Bragg*—Ellen Marie Luoma; *Oakland*—Maude Moore Signa; *San Francisco*—Roberta Elaine Ceiley, Margery Stone McCullough, Mabel Dechter Melnicoe.

Certificates of Completion, Course for Laboratory Technicians, were awarded to: *Chico*—Kathryn Augusta Jaekel; *Oakland*—Gertrude Victoria Erikson; *San Francisco*—Jean Frickey, May Cecilia Lo, Rosefannie Newburgh, Charlotte Rodenbaugh.

Certificates of Completion, Course for X-Ray Technicians, were awarded to: *San Francisco*—Emily F. Bacon, Geraldine A. Garcia; *Yuba City*—Billie Avis Allen.—*University of California Clip Sheet*, April 24, 1945.

Kenny and Infantile Paralysis

Chicago, March 23.—(UP).—Dr. Morris Fishbein, editor of the *Journal of the American Medical Association*, today described as a "preposterous untruth" charges that the *Journal* "has suppressed any scientific evidence about the Kenny methods" of handling infantile paralysis.

Sister Kenny, the Australian nurse who brought a new concept of poliomyelitis treatment to the United States, asked for a congressional investigation yesterday of what she called opposition to her system of treatment.

She accused the *Journal of the A.M.A.* of publishing in pamphlet form a report unfavorable to her methods, while not publishing in the same form a valuable report. Both reports, she said, had previously appeared in the *Journal*.

Dr. Fishbein denied the accusation also. He said that the *Journal* has published papers both favorable and unfavorable with a view "to giving the medical profession actual experience and evidence, not opinion."

Sister Kenny earlier this week said she had decided to leave the United States because she believed that this country no longer wanted her work.—*Pasadena Post*, March 23.

Health Insurance for the Nation

From Washington, D. C., comes the following statement by Senator Robert Wagner for publication by Northern California Union Health Committee:

"In the last Congress, Senator Murray and I introduced a bill that proposed a broadened and strengthened social security program, including health insurance. That bill, popularly known as the Wagner-Murray-Dingell bill, received widespread attention. A revised bill is being prepared, with changes to take into account many helpful criticisms. I hope the bill will be ready for introduction in the very near future and that it will provide a useful basis upon which Congress can build a stronger system of social security for the Nation.

"There is a general agreement on the necessity for, and

desirability of, a program for improving the health of our Nation. . . . Such a plan will enable the people to obtain all needed medical care through small, regular payments based on their earnings, and will give them security against catastrophic costs for which they cannot budget individually. . . .

"Propagandists against health insurance talk about 'regimentation' of doctors and patients, 'political' and 'socialized' medicine, 'lowered standards' and so on. But health insurance is *not* socialized medicine. Health insurance is simply a method of paying medical costs in advance. It is simply a method of assuring a person adequate medical care by eliminating the financial barrier which exists between the patient and the doctor.

"The legislation which I have introduced on health insurance assures free choice of physician and patient—free choice to participate in the system, or to obtain medical care outside the system; and free choice on the part of physicians as to methods of remuneration. High standards of medical care are protected and encouraged through incentives for the professional advancement of doctors, postgraduate study, professional education, research, and the availability of consultant and specialist services, laboratory benefits and x-rays, to all, regardless of ability to pay."—Item from the "*News Letter*" of the Northern California Union Health Committee, issue of April 12, 1945.

Medical Centers

Years ago the Committee on the Costs of Medical Care advised the establishment of medical centers as part of a far-reaching program. The soundness of that advice is becoming increasingly evident. We hear more and more of medical centers—institutions in which clinicians, consultants and laboratories are clustered under one roof, with every diagnostic and therapeutic aid required in the practice of medicine and surgery. Now Surgeon General Thomas Parran of the United States Public Health Service advocates such centers in his annual report and presents us with a concrete plan. If Dr. Parran has his way, there will be a medical center, with full health service, in every unit of 50,000 population, and by "full" he means everything—even dental care, the correction of malnutrition, the treatment of the chronic diseases of old age, and nursing.

There can be no question that if we ever embark on a program of compulsory medical insurance such centers will be indispensable, not only to maintain the Nation in good health, but also to keep taxes within reason. But who is to practice medicine in these centers. The opposition to salaried Federal or State physicians is so formidable that legislators are willing to abide by the principle of free choice of physician, which means that the medical centers would be open to any physician who has a license and who is a member in good standing of a county medical society.

Blanket approval of a license, however, is no guarantee of good medical care. Competence should be determined by suitable standards. Unless there are such standards, medical centers, though they will do much good, will not perform their function with the desired efficiency with freely chosen physicians. The alternative to periodic reexamination as a test of competence is compulsory cooperation with the medical center's staff, so that we have group practice on the Mayo plan.—*El Centro Morning Post*, February 23.

"Poet Physicians"

"Poet Physicians," by Mary Lou McDonough, is an "anthology of medical poetry written by physicians." Doctors, it seems, though scientists, have souls, and more than 100 of them have been bared by Mrs. McDonough, wife of Capt. Stephen J. McDonough, AP science writer now on leave.

Some physicians put prescriptions in rhyme so they could be memorized easily; others, perhaps tired of ailing bodies, sought relief in poetry. Their subjects include "Dissecting Room," "Paranoia," "Tuberculosis," "Before a Corpse," "The Way to Have Handsome Children."

It is to be hoped that some were better doctors than they are poets. But some could not possibly have matched in medicine their poetical achievements. Among them Oliver Goldsmith, Oliver Wendell Holmes, Francis Thompson, Keats, Smollet and among contemporaries, William Carlos Williams.—*Sacramento Union*, March 25.

Work to Start Quickly on \$10,000,000 Sewer

Construction work in connection with the new sewage treatment plant and submarine outfall, toward which the

voters recently approved a \$10,000,000 bond issue, will get under way within a few months, or just as soon as funds are realized from the sale of the bonds, it was announced by President Frank Gillelen of the Board of Public Works.

Gillelen said the board expects the War Production Board will grant material priorities as soon as it is satisfied that funds have been provided.

Excavation First Task

First work will consist of excavating the site for the treatment plant, Gillelen said, and award of a contract for this job probably will be the start of the giant project, which eventually will require an outlay of \$21,000,000.

Gillelen said he expects favorable action by other cities in the district, which will use the sewer, in contributing \$5,000,000 as their share, and the Legislature in providing \$6,000,000 toward a project which is so vital to the health of the metropolitan area.

City Engineer Lloyd Aldrich estimated that under the most favorable conditions it will be two years before the treatment plant and submarine outfall are in use.

Some idea of the size of the plant, he said, may be gained by the fact that the site required is 1,400 feet wide and 4,000 feet long. This, he said, will have to be leveled and adjoining land acquired to provide for the slopes.

Another job, according to Aldrich, will be to divert the central outfall in the north outfall sewer on the Hyperion property.—Los Angeles Times, April 5.

MEDICAL JURISPRUDENCE†

HARTLEY F. PEART, ESQ.

San Francisco

Revocation of License for Conviction of Offense Involving Moral Turpitude

Business and Professions Code, Sec. 2383, provides:

"The conviction of a felony or any offense involving moral turpitude constitutes unprofessional conduct within the meaning of this chapter. The record of the conviction is conclusive evidence of such unprofessional conduct."

In *Brainard vs. State Board of Medical Examiners*, 68 A.C.A. 678, the question was presented to the Court whether a physician's conviction in the Municipal Court of violating Sec. 11225 of the *Health and Safety Code* constituted an offense involving moral turpitude, for which the physician's license to practice medicine in the State of California could be revoked. *Health and Safety Code*, Sec. 11225, makes it a public offense for anyone to administer or dispense narcotics without making a record of the transaction. The offense is not a felony.

The petitioner in the above case was duly licensed to practice medicine in this State. A complaint was filed with the Board of Medical Examiners in which it was charged that the petitioner was guilty of unprofessional conduct, as defined by the above quoted section of the *Business and Professions Code*, in that he had been found guilty of failing to keep proper narcotic records. At the hearing before the Board of Medical Examiners a copy of the record of the conviction was presented to the Board, and after hearing the petitioner's license was revoked. He thereupon filed a petition with the Superior Court for a writ of mandate requiring the Board to restore his license. It was contended that failing to keep proper records did not constitute an offense involving moral turpitude, and that this was evidenced by the fact that the petitioner was only given a suspended sentence of one day by the court, upon his plea of guilty to the charge. On appeal to the District Court from the Su-

perior Court's denial of petitioner's application for a writ of mandate, the District Court announced the rule:

"Whether or not the offense committed did in fact involve moral turpitude depends upon all of the surrounding circumstances. The Board of Medical Examiners was not limited by the sentence pronounced by the Municipal Court, but it was justified in hearing evidence concerning all of the circumstances surrounding the offense for the purpose of determining if indeed moral turpitude was involved."

The Appellate Court reviewed the record and found that it contained ample evidence to sustain a finding of commission of an offense involving moral turpitude. A narcotic addict had been given marked money; he entered petitioner's office and the marked money was later found in possession of petitioner. The revocation of petitioner's license to practice medicine was sustained.

The contention made by the physician, petitioner in this case, illustrates the advisability of the Board of Medical Examiners considering all evidence which may be relevant in the passing upon possible revocation of the license. In the *Brainard* case, in the absence of evidence of the facts surrounding the petitioners commission of the offense of failing to keep proper narcotic records, the Board's action in revoking his license might have been reversed. Under *Business and Professions Code*, Sec. 2383, the introduction before the Board of Medical Examiners of the Court records showing conviction of a felony would always be sufficient to sustain a finding of unprofessional conduct. Where, however, the offense involved is only a misdemeanor, in revoking the license it is necessary that the Board go beyond the mere record of conviction and have before it all relevant facts which tend to show that the offense does involve moral turpitude. The reason for this is that in the absence of a statute expressly indicating that evil intent or moral turpitude is inherent in the commission of a crime, the courts are generally reluctant to classify many crimes as involving moral turpitude.

LETTERS †

Concerning Number of M.D. Licentiatees in California: (COPY)

CALIFORNIA AND WESTERN MEDICINE

San Francisco, March 22, 1945.

California State Board of Medical Examiners
c/o Frederick N. Scatena, M.D., Secretary
1020 N Street, Room 536
Sacramento 14, California

Dear Doctor Scatena:

Owing to proposals that have come from the East and elsewhere that California and other States grant temporary licenses to physicians who are in military service, or who have been engaged in essential industry, I am writing to ask for information concerning the number of licentiatees in California, and the accretions to the total group of licentiatees year by year.

Kindly answer the following questions, if information is available. (Note. Figures given by Secretary Scatena have been inserted below by the Editor. K.)

- (1) At date of March 3, 1945, there were a total number of legally registered doctors of medicine licensed to practice as physicians and surgeons 11,321. (Refers to Physicians and Surgeons, with M.D. degree, not Physicians and Surgeons, with D.O. degree.)

† Editor's Note.—This department of CALIFORNIA AND WESTERN MEDICINE, presenting copy submitted by Hartley F. Peart, Esq., will contain excerpts from the syllabi of recent decisions, and analyses of legal points and procedures of interest to the profession.

† CALIFORNIA AND WESTERN MEDICINE does not hold itself responsible for views expressed in articles or letters when signed by the author.